

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).</i>		Docket Number (Optional) 4002-3441	
Application Number 10/699,175		Filed October 31, 2003	
For Bianchi			
Art Unit 3738		Examiner Jackson, Suzette	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$120
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-3030. I have enclosed a duplicate copy of this sheet.

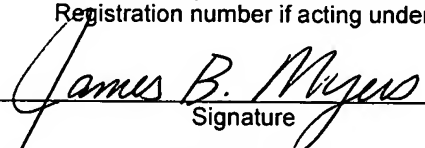
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number: 42,021

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a):

 _____ Signature	December 13, 2004 _____ Date
James B. Myers _____ Typed or Printed Name	(317) 634-3456 _____ Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ *Total of 1 forms are submitted.

Doc #317292

12/20/2004 FNETEK11 00000003 10359175

120.00 0P

01 FC:1231

FEE TRANSMITTAL

FOR FY 2005

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Application claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$) 370.00

Complete if Known

Application Number	10/699,175
Filing Date	October 31, 2003
First Named Inventor	Bianchi
Group Art Unit	3738
Examiner Name	Jackson, Suzette
Attorney Docket Number	4002-3441

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify): _____

☐ Deposit Account: Deposit Account Number 23-3030 Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION:

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
--------------	--------------	----------	---------------	---------------------------	----------	---------------

62 -20 or HP = 42 x 50 = 50 50 Fee (\$)

(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims Extra Claims Fee (\$)

4 -3 or HP = 1 x 200 = 200 200 Fee (\$)

(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
--------------	--------------	--	----------	---------------

100 -100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Fee Paid (\$)

Other: Req. for Ext. of Time (1 mo.)

\$120

SUBMITTED BY:

Name (Print/Type):	James B. Myers	Registration No.:	42,021	Telephone:	(317) 634-3456
Signature:	<i>James B. Myers</i>	(Attorney/Agent)		Date:	December 13, 2004

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office, or Express Mail Label No.:

Name (Print/Type)	James B. Myers	Date	December 13, 2004
Signature	<i>James B. Myers</i>		